

SEP 29 2015

AMENDMENT COVER SHEET

DEBTOR LAST NAME William Neptune & Amanda Neptune

CASE NUMBER 15-14511-TWD

CHAPTER 7

ATTORNEY FOR DEBTOR N/A

PHONE 206-434-1958

MARK L. HATCHER, CLERK
OF THE BANKRUPTCY COURT

PLEASE CHECK WHAT IS BEING AMENDED

PLEASE INDICATE WHICH SCHEDULE IS BEING AMENDED - *ONLY ONE \$30 FEE REQUIRED IF AMENDMENT CONTAINS MORE THAN ONE CHANGE TO THE SCHEDULES AND LIST OF CREDITORS. SUBMIT ORIGINAL ONLY – NO COPIES REQUIRED

1. PETITION: Change debtor(s) name requires Motion and Ex Parte Order (No fee required)
2. MATRIX: Adding, Deleting Creditors (Requires \$30 Fee)

No fee is required when the nature of the amendment is to change the address of a creditor or an attorney for a creditor listed on the schedules or to add the name and address of an attorney for a listed creditor.

When submitting an amended Matrix, send Matrix with ONLY the amended creditors.

ECF filers are required to upload additional creditors into ECF. To do so, login to ECF, select the Bankruptcy menu, then click on the Creditor Maintenance hyperlink.

3. SCHEDULES:

D, E, **F** (Requires \$30 fee)

A fee is charged to add creditors, delete creditors, change the amount of a debt, or change the classification of a debt.

A, B, C, G, H, I, J, (No fee required)

4. AMENDING AMOUNTS/TOTALS OF SCHEDULES:

D, E, F (Requires \$30 fee)

A, B, C, G, H, I, J, (No fee required)

5. STATEMENT OF FINANCIAL AFFAIRS (No fee required)

It is the responsibility of the debtor to notify additional creditors by sending a section 341 meeting of creditors notice and/or Discharge Order to the individuals or companies added to the schedules/matrix. A certificate of mailing in regard to this notification filed with the Clerk's office is appropriate. If the case presently is closed a Motion To Reopen, Notice of Hearing, Proposed Order and Proof of Service, a filing fee, and the amendment fee must accompany the amendment.


Signature of Debtor



In re William Neptune & Amanda Neptune
DebtorCase No. 15-14511-TWD
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor." Include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the claim is by the debtor, the debtor and spouse, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed Schedule F. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. E8004175457 Evergreen Health 12040 NE 128th st Kirkland, Wa 98034		W	May 08, 2014				2,899.20
ACCOUNT NO. 3118390 Pediatrix Medical Group P.O. Box 88087 Chicago, IL 60680		W	Jan 31, 2014				568.40
ACCOUNT NO. J3 Evergreen Villa C/o Conrad Properties Inc. 19910 50th Ave W. Ste. 101 Lynnwood Wa. 98036		J	July 1, 2014				910.50
ACCOUNT NO. 							
Subtotal							\$ 4,378.10
Total							\$ 4,378.10

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

continuation sheets attached